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THE AMERICAN WEIGHT GAIN

For at least the past two years, every single conference I have attended has included at least one session or segment on the increasing weight of Americans. As the Senate Health Policy Chair, I obviously have an interest in this issue because we know that obesity increases the likelihood of developing type 2 diabetes, cardiovascular diseases, several types of cancer, osteoarthritis, gallbladder disease, and pregnancy complications.

Two-thirds of Americans are now overweight or obese. In the last decade alone, there was a 12% increase in the number of those designated overweight and a 70% increase in the number considered to be obese. These increases occurred in all population subsets, young and old, rich and poor, black and white, etc. What is most troubling is the number of children who are now considered overweight or obese, and as a result of this for the very first time we are beginning to see type 2 diabetes in children, a disease which previously only developed in adults.

And there is a cost implication. Studies show that annual medical expenditures for obese adults are 37% higher than for those of normal weight. For the US adult population as a whole, 5.3% of medical spending is attributable to obesity. Approximately ½ of these obesity-related dollars are paid by Medicare and Medicaid, costing taxpayers about \$180 per year for these public sector plans. In addition, to medical dollars, lost productivity adds about \$10 billion more. Those who are obese miss more days of work as well as drive up health insurance premiums for employers.

So, what has lead to these rapid increases? Weight gain results from reduced caloric expenditure and/or increased caloric intake. Evidence suggests increased caloric intake is the dominant factor. Caloric intake rose from 1774 kilocalories per day in 1989-1991 to 2002 kcal/d in 1994-1996. At the same time, leisure-time physical activity has remained about the same, although 1 in 4 get no exercise at all. However, non-leisure time physical activity has been on the decline largely due to technological advancements at work and at home. Remember when we actually had to get up and walk to change the TV channel?

At the same time, again largely due to technology, in terms of both time and money, food costs have been declining. Costs have declined even faster for less healthy, energy dense food. Other factors include more working women, fast food prevalence, supersizing, and although I hate to even include it, reductions in smoking have also added pounds to the American public.

People do not want to be overweight, but exercise and eating right in today's society are hard. There are no best practices yet identified to sustain weight lost, and 95% of those who try cannot sustain weight loss for 5 years. And we surely do not want to turn back the clocks and remove those technological advances which have greatly enhanced our quality of life. We need to find solutions that create an environment that is conducive to weight loss and rewards those who maintain or more towards a healthy weight.

This is not just a government problem, though government is heavily involved in financing the burden of obesity. But all stakeholders are going to need to step up to the plate if this problem is going to be resolved: health insurers, providers, schools, workplaces, communities, and individuals themselves.

Michigan recently received a grant through the Governors' Association which challenges us to address some pertinent health issues and develop messages and programs to improve the quality of health in our state. I have been asked to serve on the group working on this project. One area we have briefly discussed is working with communities to develop environments that contribute to healthier life styles. For instance, the presence of sidewalks makes it much safer and more desirable for people, especially children, to walk a few blocks for that gallon of milk or loaf of bread instead of getting into a car. And look at the potential positive impact of using less gasoline!

Much of our discussion in all of the sessions I've attended have focused not only on the increased portions sizes or prevalence of fast foods and soft drinks in the diets of children today, but also in the reduced physical activity in which they participate. Many schools no longer require physical education, and recess has become a special treat rather than the norm. For safety reasons, many children are bussed to school rather than walking or riding bikes. With working moms, many children remain indoors after school either in front of a TV or computer screen.

I guess it should come as no surprise that the generation who walked in the snow uphill both ways to school was leaner and fitter. We know the cost of providing health care to that generation today; if we don't make changes, the children of today will require many more health dollars in the years ahead. We cannot afford to wait.

By Senator Bev Hammerstrom
17th District